

Tics in Children

Children with tics may make sudden movements and/or sounds that they can't control. These are called **tics**. Tics may become worse or more frequent when your child is stressed, tired, or sick.

Types of Tics

Some types of tics include:

- Fast blinking of the eyes
- Twitching of the nose
- Frequent throat clearing
- Grunting or sniffing

Suppressing Tics

Your child may not be aware of the tics. Children often feel an urge that gets stronger before the tic. They may be able to stop the tics for a short time, but the urge grows until they can no longer suppress it. Children with tics may get a funny feeling or feel uncomfortable when trying to suppress or stop their tics. Asking them to stop the sounds or movements may actually make them worse.

Tics usually begin in early childhood and are often most noticeable around age 12. Tics can “wax and wane” over time, meaning they can change both in what they look like, and in how much you may see them. Tics may go away on their own within a year, but can also last into adulthood.

Diagnosing Tics

There are not any specific tests used to test for tics, such as blood tests, magnetic resonance imaging (MRI, or electroencephalogram (EEG). Sometimes these tests may be used to rule out other conditions that may be causing your child's symptoms. Tics are diagnosed by a thorough history and physical exam.

Tourette Syndrome

Tourette Syndrome is a type of tic disorder. Many people think that Tourette Syndrome involves swearing or loud outbursts, but less than 3 in 20 children with Tourette Syndrome have swearing or other outbursts. To be diagnosed with Tourette Syndrome, your child must have:

- At least 2 or more motor tics (shoulder shrugging, blinking, mouth movements, etc.)
- At least 1 or more vocal tics (grunting, throat clearing, squeaking, words, etc.)
- Tics that happen daily, or almost daily, for at least a year
- Onset of tics before age 18
- The tics are not from a medicine or medical condition, such as seizures or post-viral encephalitis

Caring for Your Child with Tics

- Do not treat tics as bad behaviors. Do not punish your child for their tics. Your child is not doing these behaviors on purpose. Instead, try giving them something else to focus on.
- Think about counseling or therapy, such as cognitive behavioral therapy. Make sure your child goes to all counseling sessions and follow up visits.
- Share what you have learned with your child's teachers and people who spend a lot of time with your child. Ask them not to draw attention to the tics.
- Your child may need special arrangements at school. Your child may need longer testing times, or a private room to take tests. Their teacher may allow them to hold a

fidget in class to redirect their tics and provide a distraction.

Treatment

Tics are not harmful and do not need to be treated with medicine. If tics are bothering your child or making it hard to learn or interact with other children, we may consider using medicine to manage the tics. Please contact your child's healthcare provider if you are interested in discussing medications for tics.

Therapy

The best form of treatment for tics is cognitive behavioral therapy and management of any underlying anxiety.

Habit reversal is a kind of therapy that helps your child become aware of tics and do other things in place of their tics. Please contact your insurance company to find a local therapist who is covered by your insurance. You may need a referral, which your primary care or neurology provider can provide.

You can learn more by going to the Tourette Syndrome Association website at www.tsa-usa.org.